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UTILITY PATENT APPLICATION **TRANSMITTAL**

Please type a plus sign (+) inside this box

Attorney Docket No. PATRICK E. FEIERABEN First Inventor METHOD AND APPARATUS FOR ASSEMBLING AN ARRAY OF MICRO DEVICE:

(Only for new nonprovision	al applications under 37 CFR 1.53(b))	Express Mail Label No.			
<u> </u>	TION ELEMENTS	ADDRESS TO: Assistant Commissioner for Patents Box Patent Application			
	eming utility patent application contents.	Washington, DC 20231			
Fee Transmittal Fo	om (e.g., PTO/SB/17) hybicule for fee processing)	7. CD-ROM or CD-R in duplicate, large table or Computer Program (Appendix)			
Applicant claims sr		8. Nucleotide and/or Amino Acid Sequence Submission			
2. See 37 CFR 1.27.		(if applicable, all necessary)			
3. Specification (preferred arrangement	[Total Pages 24] set forth below)	a Computer Readable Form (CRF)			
- Descriptive title	of the invention e to Related Applications	b. Specification Sequence Listing on:			
	ording Fed sponsored R & D	i. CD-ROM or CD-R (2 copies); or			
- Reference to see	quence listing, a table,	ii. 🔲 paper			
or a computer pi - Background of t	rogram listing appendix	c. Statements verifying identity of above copies			
- Brief Summary		ACCOMPANYING APPLICATION PARTS			
 Brief Description 	n of the Drawings (if filed)				
- Detailed Descrip	otion	9. Assignment Papers (cover sheet & document(s))			
- Claim(s) - Abstract of the l	Disclosure	10. 37 CFR 3.73(b) Statement Power of Attorney			
		11. English Translation Document (if applicable)			
4. Drawing(s) (35 U.	S.C. 113) [Total Greeks []]	Information Disclosure Copies of IDS			
5. Oath or Declaration	[Total Pages]	Statement (IDS)/P10-1449			
a. Newly execu	ited (original or copy) prior application (37 CFR 1.63 (d))	13. Preliminary Amendment			
b. Copy from a (for continual	tion/divisional with Box 18 completed)	14. Return Receipt Postcard (MPEP 503) (Should be specifically itemized)			
	ION OF INVENTOR(S)	15. Certified Copy of Priority Document(s) (if foreign priority is claimed)			
	tement attached deleting inventor(s) he prior application, see 37 CFR	Request and Certification under 35 U.S.C. 122			
	and 1.33(b).	(b)(2)(B)(i). Applicant must attach form P1O/SB/35			
6. Application Data	Sheet. See 37 CFR 1.76	or its equivalent. 17. Other: RECORST			
		independent of the second seco			
18. If a CONTINUING APPLI	CATION, check appropriate box, and supp	ly the requisite information below and in a preliminary amendment,			
or in-an Application Data She	Divisional Continuation-in-part (CIP)	of prior application No			
<u> </u>	- · ·	•			
Prior application information	Examiner disclosure of the	Group Art Unit			
Pay 5h is considered a part of	the disclosure of the accompanying continu	ation or divisional application and is hereby incorporated by reference.			
The incorporation can only be		tently omitted from the submitted application parts.			
19. CORRESPONDENCE ADDRESS					
Customer Number or Bar Co	ode Label (Insert Customer No. or Atlach bar	or Correspondence address below			
Name	JOHN S FOSTER				
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Country		ephone (805) 681-2738 Fax (805) 61-2671			
Name (Print/Type)	JOHN S. FOSTER	Registration No. (Attorney/Agent)			
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FEE TRANSMITTAL for FY 2001

Patent fees are subject to annual revision.

TOTAL AMOUNT OF PAYMENT

Complete if Known		
Application Number		
Filing Date		
First Named Inventor	FEIERABENO	
Examiner Name		
Group Art Unit		
Attorney Docket No		

METHOD OF PAYMENT	FEE CALCULATION (continued)					
The Commissioner is hereby authorized to charge	3. ADDITIONAL FEES					
indicated fees and credit any overpayments to Deposit	Large Small					
Account Number	Entity Entity Fee Fee Fee Fee Fee Description Fee Pai	d				
Deposit	Code (\$) Code (\$) Fee Description Fee Pai	<u> </u>				
Account Name	105 130 205 65 Surcharge - late filing fee or oath	\dashv				
Charge Any Additional Fee Required Under 37 CFR 1 16 and 1 17	127 50 227 25 Surcharge - late provisional filing fee or cover sheet	\downarrow				
Applicant claims small entity status	139 130 139 130 Non-English specification	4				
☐ See 37 CFR 1 27	147 2,520 147 2,520 For filing a request for ex parte reexamination					
-2. Payment Enclosed: Check Credit card Money Other	112 920* 112 920* Requesting publication of SIR prior to Examiner action					
FEE CALCULATION	113 1,840* 113 1,840* Requesting publication of SIR after Examiner action	_				
1. BASIC FILING FEE	115 110 215 55 Extension for reply within first month	_				
Large Entity Small Entity	116 390 216 195 Extension for reply within second month	\dashv				
Fee Fee Fee Fee Description Code (\$) Code (\$) Fee Paid	117 890 217 445 Extension for reply within third month	4				
101 710 201 355 Utility filing fee 355	118 1,390 218 695 Extension for reply within fourth month	-				
106 320 206 160 Design filing fee	128 1,890 228 945 Extension for reply within fifth month					
107 490 207 245 Plant filing fee	119 310 219 155 Notice of Appeal	_				
108 710 208 355 Reissue filing fee	120 310 220 155 Filing a brief in support of an appeal	_				
114 150 214 75 Provisional filing fee	121 270 221 135 Request for oral hearing	\dashv				
SUBTOTAL (1) (\$) 355	138 1,510 138 1,510 Petition to institute a public use proceeding	4				
	140 110 240 55 Petition to revive - unavoidable	-				
2. EXTRA CLAIM FEES Fee from	141 1,240 241 620 Petition to revive - unintentional	-				
Extra Claims below Fee Paid Total Claims 317 -20** = 10 x 9 = 40	142 1,240 242 620 Utility issue fee (or reissue)	\dashv				
Total Claims Independent $\frac{30}{4}$ -20** = $\frac{10}{1}$ × $\frac{6}{4}$ = $\frac{40}{40}$	143 440 243 220 Design issue fee	-				
Claims 4 7 7 7 7 7 7 7 7 7 7 7 7 7 7 7 7 7 7	144 600 244 300 Plant issue fee	\dashv				
- 150	122 130 122 130 Petitions to the Commissioner	\dashv				
Large Entity Small Entity	123 50 123 50 Processing fee under 37 CFR 1 17(q)	\dashv				
Fee Fee Fee Fee Description Code (\$) Code (\$)	126 180 126 180 Submission of Information Disclosure Stmt	\dashv				
103 18 203 9 Claims in excess of 20	581 40 581 40 Recording each patent assignment per property (times number of properties)					
102 80 202 40 Independent claims in excess of 3	146 710 246 355 Filing a submission after final rejection (37 CFR § 1 129(a))					
104 270 204 135 Multiple dependent claim, if not paid 109 80 209 40 ** Reissue independent claims over original patent	149 710 249 355 For each additional invention to be examined (37 CFR § 1 129(b))					
110 18 210 9 ** Reissue claims in excess of 20	179 710 279 355 Request for Continued Examination (RCE)					
and over original patent	169 900 169 900 Request for expedited examination of a design application	\neg				
SUBTOTAL (2) (\$) 130	Other fee (specify)					
**or number previously paid, if greater, For Reissues, see above	*Reduced by Basic Filing Fee Paid SUBTOTAL (3)					

SUBMITTED BY			Complete (if applicable)	
Name (Print/Type)	JAQUELIN K. SPONG	Registration No. (Attorney/Agent)	Telephone	408-395-9206
Signature	derueli K-Spox		Date	1/12/2001

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Under the Paperwork Reduction Act of 1995, no persons are required to respond to a collection of information unless it displays a valid OMB control number. Application or Docket Number PATENT APPLICATION FEE DETERMINATION RECORD OTHER THAN CLAIMS AS FILED - PART I SMALL ENTITY OR SMALL ENTITY (Column 2) (Column 1) FOR NUMBER FILED NUMBER EXTRA RATE FEE RATE **FEE** s355 BASIC FEE \$ OR (37 CFR 1.16(a)) TOTAL CLAIMS 10 minus 20 =OR x \$ (37 CFR 1.16(c)) INDEPENDENT CLAIMS minus 3 =OR (37 CFR 1 16(b)) MULTIPLE DEPENDENT CLAIM PRESENT (37 CFR 1 16(d)) OR = = 3 TOTAL OR **TOTAL** * If the difference in column 1 is less then zero, enter "0" in column 2 OTHER THAN CLAIMS AS AMENDED - PART II SMALL ENTITY OR SMALL ENTITY (Column 3) (Column 1) (Column 2) **CLAIMS** HIGHEST ADDI-ADDI-⋖ REMAINING NUMBER **PRESENT** RATE **TIONAL** TIONAL eribi (militira) RATE **AMENDMENT AFTER PREVIOUSLY EXTRA FEE** (0.8.5° **FEE** 323 AMENDMENT PAID FOR OR Total = Minus \$ (37 CFR 1.16(c)) OR Independent = Minus = (37 CFR 1.16(b)) OR FIRST PRESENTATION OF MULTIPLE DEPENDENT CLAIM (37 CFR 1 16(d)) OR TOTAL TOTAL OR ADDIT, FEE ADDIT, FEE (Column 1) (Column 2) (Column 3) **CLAIMS** Mika s HIGHEST ADDI-ADDI- \mathbf{a} REMAINING NUMBER **PRESENT RATE TIONAL** TIONAL RATE **AMENDMENT** gude Huge **AFTER PREVIOUSLY EXTRA FEE** FEE ada, Atribas **AMENDMENT** PAID FOR OR Total Minus ς\$. = (37 CFR 1.16(c)) OR Independent *** Minus Ξ OR (37 CFR 1.16(b)) (37 CFR 1 16(d)) FIRST PRESENTATION OF MULTIPLE DEPENDENT CLAIM = OR TOTAL TOTAL OR ADDIT, FEE ADDIT, FEE (Column 3) (Column 1) (Column 2) Seas. **CLAIMS** HIGHEST ADDI-ADDI-REMAINING Carrier (1) NUMBER **PRESENT** RATE TIONAL TIONAL RATE STREAM AMENDMENT **AFTER PREVIOUSLY EXTRA** FEE **FEE** AMENDMENT PAID FOR OR Total x \$ Minus OR Independent Minus (37 CFR 1.16(b)) OR FIRST PRESENTATION OF MULTIPLE DEPENDENT CLAIM (37 CFR 1 16(d)) OR TOTAL TOTAL. OR * If the entry in column 1 is less than the entry in column 2, write "0" in column 3. ADDIT. FEE ADDIT, FEE ** If the "Highest Number Previously Paid For" IN THIS SPACE is less than 20, enter "20". *** If the "Highest Number Previously Paid For" IN THIS SPACE is less than 3, enter "3" The "Highest Number Previously Paid For" (Total or Independent) is the highest number found in the appropriate box in column 1.